

CONTROL NO.

REPORTS INVENTORY

PREPARE IN DUPLICATE

1. TITLE OF REPORT (if a fill-in report include Form No.)

2. TYPE
OF
REPORT☒ STATISTICAL☐ NARRATIVE☐ MACHINE-NAME LISTING

ANNUAL DOLLAR VALUE REPORT

3. FUNCTIONAL AREA

☒

PERSONNEL

LOGISTICS

MEDICAL

TRAINING

SECURITY

FINANCE

ADMIN. GENERAL

OTHER (specify)

4. NO. OF COPIES PREPARED

1

5. FREQUENCY (weekly, monthly, quarterly, etc.)

ANNUAL

6. DISTRIBUTION (No. of components not
number of copies)

1

7. FORMAT (memorandum, form
computer print-out, etc)

FORM

8. ADP PROCESSING

☐

YES

IF YES GIVE ADP PROCESSING NO.

☒

NO

9. DIRECTIVE AUTHORITY REQUIRING REPORT

STAT

10. PREPARING COMPONENT (include lowest level
contributing information to report)

OSA/Logistics

11. FEEDER REPORTS (State total number and identify by Title,
Form No., or nomenclature. Attach separate sheet if necessary.)

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12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED	=	COST PER YEAR

B. COSTS OF COMPUTER PRODUCED REPORTS

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TOTAL COSTS PER YEAR

\$ 300.00

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN,
INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

Office of Logistics requirement

STAT

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT

ESTIMATED SAVINGS

☐ RETAIN AS IS☐ OTHER (explain)

MAN-HOURS

DOLLARS

☐ CHANGE

-0-

-0-

☐ DISCONTINUE

16. DATE OF INVENTORY

20 Oct 1970

17. NAME AND TITLE OF PERSON FURNISHING INFORMATION

Logistics Officer, OSA

18. EXTENSION